To partner with DHCS in CCT, interested organizations must become Medi-Cal home and community-based services waiver providers.   A CCT project team member can assist eligible organizations with this process.   Lead Organizations must also agree to the conditions detailed in the Lead Organization Provider Participation Agreement and the Lead Organization Special Terms and Conditions documents.

Basic Steps:

Follow these steps to become a California Community Transitions Lead Organization.   Approved entities may also become Medi-Cal home and community-based services 1915(c) waiver providers for certain services.   Make and retain copies of all documents.

1. Obtain a unique National Provider Identifier.

2. Download and complete the required Medi-Cal forms and mail the originals to the Long-Term Care Division.

3. Download and complete the following forms and mail them the originals listed on the forms:
a. The electronic treatment authorization (e-TAR) request system.
b. The Internet Professional Claim Submission to obtain a valid Computer Media Claims (CMC) submitter ID and password.
4. Contact the Small Provider Billing Unit for training assistance (optional).

5. Access the CCT home page and download and review the Lead Organization Provider Participation Agreement and the Special Terms and Conditions.   Complete the Agreement and return it to the Long-Term Care Division.

Step-By-Step Instructions

1. Obtain a unique National Provider Identifier.

a. Log on to https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart.

b. Follow the instructions. The Centers for Medicare & Medicaid Services (CMS) will issue a unique National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES).

a. Attach a copy of the NPI confirmation with your completed application package.

2. Download and complete the required Medi-Cal forms using the direct links as follows:
⬧ Medi-Cal Provider Application (DHCS 6204)

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/07enrollment_DHCS6204.pdf

Disregard the letter from Provider Enrollment for this part of the application.   Send completed form to the address given below.
⬧ Medi-Cal Disclosure Statement (DHCS 6207)

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/03enrollment_DHCS6207.pdf
⬧ Medi-Cal Provider Agreement (DHCS 6208)

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/02enrollment_DHC

S6208.pdf.

a. Have all three completed documents notarized.

b. Mail the original, completed packet of documents to the Long-Term Care Division, not the Provider Enrollment Division.   The correct address is as follows:

Department of Health Care Services
Office of Long-Term Care
1501 Capitol Avenue
P.O. Box 997413, MS 0018
Sacramento, CA   95899-7413

c. Upon approval, the Fiscal Intermediary, currently HP Enterprise Services, will mail each new Medi-Cal provider a welcome letter containing a provider identification number (PIN).   The PIN will be used in conjunction with the NPI so do not lose the letter.

d. Access more information about completing the Medi-Cal Provider Application package at:

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/PED_Tips_General.pdf

Disregard instructions to return completed applications to the Provider Enrollment Division.

3. Download the required forms to access the electronic treatment authorization (e-TAR) request system and the Internet Professional Claim Submission to obtain a valid Computer Media Claims (CMC) submitter ID and password.   This step can be completed before receiving a PIN letter from HP Enterprise Services.

1. Download and complete the Medi-Cal Point of Service Network/Internet Agreement located at http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_11265.asp to request e-TAR access.

i. Complete section 1(a).   Leave the third line (Owner Number) blank.

ii. Complete section X

iii. Sign the form.

iv. Mail completed form to address listed on page 3.   It will be processed in approximately 10 days.

b. The DHCS Fiscal Intermediary requires Medi-Cal providers and providers of billing services to sign a Medi-Cal Telecommunications Provider and Biller Application/Agreement to obtain a submitter number.   This is required to gain access and submit claims over the internet.   The form is available at:

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/part1/cmcenrollform6153_z01.doc.

c. Complete the form.

d. Verify all necessary steps have been completed using the checklist available at:

  http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/part1/cmcenrollcheck_z01.doc.

e. After completing this form, mail the original to the address indicated on the last page of the Medi-Cal Telecommunications Provider and Biller Application/Agreement.

f. Once processed, the Computer Media Claims Unit will assign a unique three-character submitter number which is mandatory on all claim submissions, including test submissions, and mail it to approved providers.

4. Contact the Small Provider Billing Unit for assistance with training.   Training topics include:
• Recipient eligibility verification
• CMS-1500 claim form completion
• Treatment authorization requests (TARs)
• Claim denials
• Guidelines for appeals, claims follow-up and Claims Inquiry Forms

a. Call the SPBU at (916) 636-1275.

b. Explain that you are a new Medi-Cal Home and Community-Based Services waiver provider and request an enrollment form to receive free services for one year.

c. There are two billing options:

i. Paper billing requires providers to purchase CMS1500 forms.   With this option, SPBU will review and correct each claim before processing.   Call (800) 633-7467 for assistance in ordering the correct form.   Staples also carries the forms in boxes of 1,000 or more.

ii. With electronic billing, SPBU cannot review and correct submitted claims before processing.

5. Access the California Community Transitions home page at http://dhcs.ca.gov/CCT.   CCT Lead Organizations are bound by the Provider Participation Agreement (PPA) and the Special Terms and Conditions.

a. Review, complete, and print the PPA.

b. Print and review the Special Terms and Conditions.

c. Make a copy of the completed PPA and have an authorized representative sign both copies of the PPA

d. Mail both signed PPAs to the Long-Term Care Division specified in 2.b. above.   Once signed by the Chief of the Long-Term Care Division, one fully executed PPA will be returned to new CCT Lead Organizations.

e. Maintain all documents for reference.

Other Helpful Resources

1. Review the eLearning tutorials available on the Medi-Cal website:

http://files.medi-cal.ca.gov/pubsdoco/eo/elearning.asp

a. *Recipient Eligibility Tutorial* ☐ Learn how to check potential participants' Medi-Cal eligibility.

b. *Treatment Authorization Request (TAR) Tutorial* – Learn how to request Medi-Cal services.

c. Faxing e-TAR Attachments Tutorial – Learn how to submit paper documents so they are attached to electronic TARs.

d. *TAR Inquire Only Tutorial* – Learn how to find the status of a submitted TAR.

e. *Common Denial Tutorials* – Learn how to read the reasons for which a TAR might be denied.

f. *CMS-1500 Claim Form Tutorial* – Learn basic information about how to submit claims for services provided.

2. Additionally, Mary Sayles, CCT Project Nurse, is available to conduct group trainings, including training for generating e-TARs. To schedule training, send an email to OLTC_CCT@dhcs.ca.gov.

3. Customer service representatives are available to help with all Medi-Cal related issues.   Before calling the Medi-Cal Telephone Service Center at (800) 541-5555, consult the Medi-Cal website at http://www.medi-cal.ca.gov/contact.asp to determine which option to select.